

ISSUE SLIP STAPLE AREA (for additional cross references)

705

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------------------|
| FEE DETERMINATION | N/A | | 10-01-01 |
| O.I.P.E. CLASSIFIER | | | 48 |
| FORMALITY REVIEW | WA | 705 | 10/10/01 |
| RESPONSE FORMALITY REVIEW | CK | 1109 | 10/25/01 3-05-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
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| 17 | ✓ |
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| 19 | ✓ |
| 20 | ✓ |
| 21 | ✓ |
| 22 | ✓ |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | ○ |
| 28 | ○ |
| 29 | ✓ |
| 30 | ✓ |
| 31 | ✓ |
| 32 | ✓ |
| 33 | ✓ |
| 34 | ○ |
| 35 | ✓ |
| 36 | ✓ |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
|-------|----------|
| Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

 953
 10-05-01
 617-02
 3